

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/528603**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				1		
5			e			
6						
7						
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10						
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28						
29						
30						
31			e			
32						
33				1		
34			e			
35						
36						
37						
38						
39						
40						
41						
42			e			
43						
44				1		
45						
46				1		
47						
48			e			
49						
50			e			
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52				1		
53						
54			e			
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97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		11	←	←	
TOTAL CLAIMS			13			